

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>   | BISTABLE ELECTRO-OPTIC DISPLAY, AND METHOD FOR ADDRESSING<br>SAME |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
|---|---|------------------------|--|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|---|----|------------------------|--|------|----|---|--|--|--|---------------------------------------|--|
| Application Number :  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Date :  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| First Named Applicant:  |   | Mr. Jonathan D. Albert |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Attorney Docket Number:   |   | H-310DIV               |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Art Unit:   |   | 2675                   |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Examiner :  |   | Mr. Chanh Duy Nguyen   |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| <b>TOTAL FEE AUTHORIZED \$ 412</b>  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Filing as small entity  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| BASIC FILING FEE  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>  |   |                        |  | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001              | 385 | 385  |   |    |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |  |  |  |                                       |  |
| Fee Description   | Fee Code  | Amount \$              | Fee Paid \$                            |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Utility Filing Fee  | 2001  | 385                    | 385                                    |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
|   |   |                        | Subtotal For Basic Filing Fees: \$ 385 |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| EXTRA CLAIM FEES  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 23</td><td>3</td><td>2202</td><td>9</td><td>27</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 27</td></tr></tbody></table> |   |                        |  | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 23 | 3   | 2202 | 9 | 27 | Independent Claims : 2 | 0                                      | 2201 | 43 | 0 |  |  |  | Subtotal For Extra Claims Fees: \$ 27 |  |
| Fee Description   | Extra Claim   | Fee Code               | Amount \$                              | Fee Paid \$     |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Total Claims : 23   | 3   | 2202                   | 9                                      | 27              |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Independent Claims : 2  | 0   | 2201                   | 43                                     | 0               |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
|   |   |                        | Subtotal For Extra Claims Fees: \$ 27  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| <b>AUTHORIZED BILLING INFORMATION</b>   |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Deposit account number:   |   | 501162                 |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Access Code   |   | ****                   |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Deposit name:   |   | E Ink Corporation      |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Deposit authorized name:  |   | Mr. David J. Cole      |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Signature:  |   | /Shipley/              |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Date (YYYYMMDD):  |   | 2004-09-07             |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |   |                        |  |                 |             |           |             |                    |                   |     |      |   |    |                        |  |      |    |   |  |  |  |                                       |  |